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*OLD REPUBLIC INSURANCE COMPANY



OLD REPUBLIC INSURANCE COMPANY

Executive Office: 414 W. Pittsburgh, Greensburg, Pennsylvania 15601 Administrative Office: 445 South Moorland Road, Suite 300, Brookfield, WI 53005

MOTOR CARRIER'S INDEMNITY POLICY DECLARATIONS

										ansas, Inc.
			18562							
PREVIC	OUS NUMBER:	MWML	18562							
Item 1.	NAMED INSURED:			YRC Worldwide Inc. (See Form MC 546 001 0309)						
	PRINCIPAL ADDRESS:			0990 F	Roe Aver	nue				
				Overland Park, KS 66211						
Item 2.	POLICY PERIOD:			om:	12/01/2	20	To:	03/01/	/21	
				12:01 a.m. Standard Time at the address of the Named Insured stated above.						
Item 3.	COVERAGES PROVIDED Indemnity pursuant to this policy is provided only for those coverages indicated below as included:									
	COVERAGES								INCLUD	ED
	A. Personal l	njury							xx	
B. Property Damage									XX	
	C. Uninsured and Underinsu			Moto	rists				XX	
	D. Personal I	njury Prote	ction						XX	
Item 4.	LIMIT OF IND \$ 6,000,000		Net Loss	: All C	overages	s Combir	ned Per	Occurrer	nce	
Item 5.	DEDUCTIBLE \$ 6,000,000 Ultimate Net Loss									
Item 6.	PREMIUM CO									
	Estimated Ann					,				
	Minimum Annual Premium Premium Basis									
Item 7.	FORMS AND ISSUE:	ENDORSEN	MENTS A	ATTAC	CHED AN	ID MADI	E A PAI	RT OF TI	HIS POLIC	Y AT
							In	aig R.	Smidle	1
	02/15/21 Date					. —			presentativ	
	Date					-	Autil	MZCU IN	proseniali	• •